PTO/SB 17 .11.00
Approved for use through 10/31/2002, OM5 0651-0030
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CEE TO A NOMITTAL	Complete if Known		
FEE TRANSMITTAL	Application Number		
for FY 2001	Filing Date		
	First Named Inventor	Meir Ibguy	
Patent fees are subject to annual revision.	Examiner Name	4 3	

TOTAL AMOUNT OF PAYMENT

Complete if Known		
Application Number		
Filing Date		
First Named Inventor	Meir Ibguy	-
Examiner Name	0)	
Group Art Unit		
Attomey Docket No.		_

METHOD OF DAYMENT				
METHOD OF PAYMENT The Commissioner is hereby authorized to charge	FEE CALCULATION (continued)			
1. Indicated fees and credit any overpayments to:	3. ADDIT	TIONAL FI		
Deposit Account	Enti		- 1 1	
Number	Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	Fee Paid
Deposit Account	105 130	205 65	Surcharge - late filing fee or oath	
Name				
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
Anplicant claims small entity status. See 37 CFR 1.27	139 130	139 136	Non-English specification	<u> </u>
2. Payment Enclosed:	147 2.520	147 2.520	For filing a request for ex parte reexamination	
Check Credit card Money Other	112 920°	112 920*	Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1. 84 0°	113 1,840	 Requesting publication of SIR after Examiner action 	
1. BASIC FILING FEE	115 110	215 55	Extension for reply within first month	
Large Entity Small Entity	116 390	216 195	Extension for reply within second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890	217 445	Extension for reply within third month	
101 710 201 355 Utility filing fee 355	118 1.390	218 695	Extension for reply within fourth month	
106 320 206 160 Design filing fee	128 1.890	228 945	Extension for reply within fifth month	
107 490 207 245 Plant filing fee	119 310	219 155	Notice of Appeal	
108 710 208 355 Reissue filing fee	120 310	220 155	Filing a brief in support of an appeal	
114 150 214 75 Provisional filing fee	121 270	221 135	Request for oral hearing	
SUBTOTAL (1) (\$) 355	138 1,510	138 1,510	Petition to institute a public use proceeding	
	140 110	240 55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES Fee from	141 1,240	241 620	Petition to revive - unintentional	
Extra Claims below Fee Paid	142 1.240		Utility issue fee (or reissue)	
Total Claims -20** = X = Independent -3** = X	143 440	243 220	Design issue fee	
Claims = =	144 60ú	244 300	Plant issue fee	
	122 130	122 130	Petitions to the Commissioner	
Large Entity Small Entity	123 50	123 50	Processing fee under 37 CFR 1.17(q)	
Fee Fee Fee Fee Description	126 180	126 180	Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40	581 40	Recording each patent assignment per property (times number of properties)	
102 80 202 40 Independent claims in excess of 3	146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 270 204 135 Multiple dependent claim, if not paid	149 710	249 355	For each additional invention to be	
109 80 209 40 ** Reissue independent claims over original patent		245 000	examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 710	279 355	Request for Continued Examination (RCE)	
and over original patent	169 900	169 900	Request for expedited examination	
SUBTOTAL (2) (\$)	Other fee (sp	ecify)	of a design application	
*or number previously paid, if greater; For Reissues, see above	*Reduced hu	Basic Filing	Fee Peid SURTOTAL (3) (\$)	

SUBMITTED BY				Complete (ii	applicable)
Name (PnntiType)	Meir	Ibguy	Registration No. (Attorney/Agent)	Telephone	718-645-44-73
Signature	Mer	Togus		Date	11.15.01

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PTO/SB/05 (03-01

Approved for use through 10/31/2002, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this box -

Attorney Docket No.

First Inventor

A device for distributing antibacteric

Title Spray in a human shee

Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

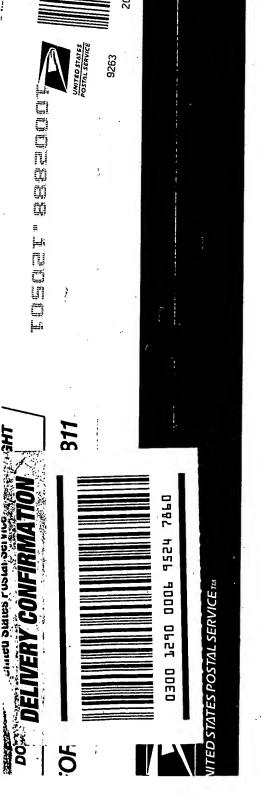
APPLIC	CATION ELEMENTS	ASSISTANT Commissioner for Patents
	onceming utility patent application contents.	ADDRESS TO: Box Patent Application Washington, DC 20231
Fee Transmittal	Form (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or
	d a duplicate for fee processing) is small entity status.	Computer Program (Appendix)
See 37 CFR 1.2		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. Specification (preferred arrangem	· · · · · · · · · · · · · · · · · · ·	a. Computer Readable Form (CRF)
	de of the invention nce to Related Applications	b. Specification Sequence Listing on:
- Statement Re	garding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or
- Reference to	sequence listing, a table, program listing appendix	ii. D paper
+ Background o	of the Invention	c. Statements verifying identity of above copies
-> Brief Descript	y of the Invention ion of the Drawings <i>(if filed</i>)	ACCOMPANYING APPLICATION PARTS
Detailed Desc Claim(s)	ription	Assignment Papers (cover sheet & document(s))
Abstract of th	e Disdosure	37 CFR 3.73(b) Statement Power of
. / Denuing(a) (25	450 4431 17-4431 1 9	(when there is an assignee) Attorney
Drawing(s) (35Oath or Declaration	THE STATE OF THE S	Information Displacement (III applicable)
[27]	[Total Pages 3]	Statement (IDS)/PTO-1449 Citations
Copy from	cuted (original or copy) a prior application (37 CFR 1.63 (d))	13. Preliminary Amendment
o. (for continu	ation/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
i. DELE Signed st	TION OF INVENTOR(S) atement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
named in	the prior application, see 37 CFR) and 1.33(b).	16. Nonpublication Request under 35 U.S.C. 122
		(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	a Sheet. See 37 CFR 1.76	17. Other:
18. If a CONTINUING APPL	ICATION, check appropriate box, and supply the	ne requisite information below and in a preliminary amendment,
or in an Application Data Sh	55. Ends. 57 67 % 1.70.	
Prior application information:	Divisional Continuation-in-part (CIP)	of prior application No.:
For CONTINUATION OR DIVIS	IONAL APPS only: The entire disclosure of the and	Group Art Unit: or application, from which an oath or declaration is supplied under
Box 5b, is considered a part o The incorporation <u>can only</u> be	f the disclosure of the accompanying continuation relied upon when a portion has been inadvertently	or application, from which an oath or declaration is supplied under n or divisional application and is hereby incorporated by reference.
	19. CORRESPONDENCE	E ADDRESS
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City	Brooklyn Sta	
Country	USA Telepho	
Name (Print/Type)	Meir Ibquy	
Signature	New Tour	Registration No. (Attorney/Agent)
4-11	1.0 -	Date (.15.0)

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		Application Number		
TRANSMITTAL FORM		Filing Date	·	
		First Named Inventor	Meir Ibquy	
(to be used for all correspondence	after initial filing)	Group Art Unit	73	
		Examiner Name		
Total Number of Pages in This Sc	ubmission	Attorney Docket Number		
	ENCL	OSURES (check a	all that apply)	
Fee Transmittal Form	Assignm (for an A	nent Papers Application)	After Allowance Communication to Group	
Fee Attached	Drawing	(s)	Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply	Licensin	g-related Papers	Appeal Communication to Group (Appeal Nouce, Brief, Reply Brief)	
After Final	Petition	to Convert to a	Proprietary Information	
Affidavits/declaration(s)	Provision	nal-Application	Status Letter	
Extension of Time Request	Change Address	Attorney, Revocation of Correspondence	Other Enclosure(s) (please identify below):	
Express Abandonment Request		Disclaimer	Specification	
Information Disclosure Statement		for Refund	Specification Oath of Declaration	
CD, Numl		nber of CD(s)	<u> </u>	
Document(s) Response to Missing Parts/	Remarks			
Incomplete Application				
Response to Missing Parts under 37 CFR 1.52 or 1.53				
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or Individual name Meir	Ibguy	Ł		
Signature Miles Thank				
Date 11.15.01				
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632 Kings HWy, apt. 3C Brooklyn, NY, 11223 Meir Ibquy

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SW TO USE:

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ype or print required return

In customer block (white area)

or on label (if provided).

indicated in upper right hand comer. Affix postage or meter strip to area

2. PAYMENT METHOD

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(white area).

3. ATTACH LABEL (If provided)

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